

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	160.19	359		*****	12.51	28.13			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	104.35	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	197.11	293.65		*****	15.59	23.01			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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				MM/DD/YYYY

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	161.36	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	115.78	167.84		*****	8.99	11.5			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.009			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.48			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.9			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.95			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	79.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	132			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	218.8	517.2		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.57	2.03		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.44	1.95		*****	.11	.2		3	Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.38	1.38		*****	105	105			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.4	.4			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	5	5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	5.64	5.64			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71.93	101.3		*****	4.45	5.68			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	130.77	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101.37	161.67		*****	6.48	11.27			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	166.74	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	196.1	239.39		*****	12.23	15.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.82			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	53.4	613.1		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.92	2.66		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	2.8	4.79		*****	.17	.29		9	Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.46	1.46		*****	91.5	91.5			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .001	< .001		*****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	1.94	1.94			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	4.38	4.38			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159.89	362.13		*****	6.96	9.3			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	69.74	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	200.46	402.13		*****	8.97	10.32			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	88.39	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	171.65	233.3		*****	8.59	12			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.54			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	78.6			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.1	920.8		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	4.67		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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12/01/2010	12/31/2010

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	5.11	7.7		*****	.26	.36		23	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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ID0021300	001-B
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	3.71	3.71		*****	181	181			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		*****	.158	.158			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	2.46	2.46			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.17	.17		*****	8.05	8.05			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	234.65	533.7		*****	6.98	9.37			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	67.9	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	323.74	649.45		*****	10.4	12.83			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	81.86	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	236.46	429.49		*****	7.96	10.2			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.12			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.1	517.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.62	8.05		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	6.97	11.7		*****	.23	.32		23	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	7.37	7.37		*****	244	244			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.007	.007		*****	.238	.238			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.26	.26		*****	8.77	8.77			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.42	.42		*****	13.9	13.9			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.4			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81.57	121.98		*****	3.53	4.94			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	70.96	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	95.49	136.96		*****	4.24	5.46			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	95.01	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	152.05	177.74		*****	6.74	7.72			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.78			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.86			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.2			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.8	88.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.64	3.2		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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(SUBR 01)

External Outfall

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Chlorine, total residual	SAMPLE MEASUREMENT	5.78	7.76		*****	.26	.32		20	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.5	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	13.87	13.87		*****	631	631			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.04	.04		*****	1.72	1.72			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	6.03	6.03			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	5.76	5.76			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	219.24	489.28		*****	6.6	10.93			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	68.53	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	340.3	628.41		*****	10.51	14.03			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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SMELTERVILLE, ID 83868

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MM/DD/YYYY	MM/DD/YYYY
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	105.92	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	217.86	354.7		*****	7.52	9.13			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.1			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.01			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	86.1			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.1	172.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.69	5.37		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	6.72	10.2		*****	.22	.3		21	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.45			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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(SUBR 01)

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	4.49	4.49		*****	146	146			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.463	.463			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		*****	6.76	6.76			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.18	.18		*****	5.88	5.88			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	264.78	373.41		*****	7.7	9.84			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.86	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	458.22	644.75		*****	13.15	15.62			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	60.36	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	143.64	219.84		*****	4.07	4.94			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.28			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.51			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.88			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	77.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.4	148.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.36	6.82		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	8.56	13.82		*****	.24	.35		21	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	82.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	78.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	24.13	24.13		*****	663	663			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.09	.09		*****	2.6	2.6			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.38	.38		*****	10.5	10.5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.32	.32		*****	8.89	8.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	424.46	624.16		*****	17.03	19.59			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	61.11	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	526.72	728.62		*****	17.03	19.59			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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ID0021300	001-A
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	95.67	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	123.91	147.3		*****	4.09	4.76			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.92			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.5			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.93			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.5	30.7			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.71	5.29		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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MONITORING PERIOD	
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05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	5.53	7.09		*****	.18	.25		22	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	77.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	82.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	7.83	7.83		*****	253	253			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.0031	.0031		*****	.1	.1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.0031	.0031		*****	.1	.1			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	4.91	4.91			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	163.6	308.45		*****	6.93	12.25			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	81.18	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	174.46	468.97		*****	7.05	18.62			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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ATTN: ROSS STOUT, DISTRICT MANAGER

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06/01/2011	06/30/2011

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MAJOR \$

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	134.31	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	149.29	174.51		*****	6.64	8.88			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.57			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.91			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.96			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.3	22.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.75	3.59		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	4.11	6.32		*****	.17	.25		17	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.7	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	10.04	10.04		*****	438	438			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	2.53	2.53			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		*****	9.29	9.29			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.16	.16		*****	6.89	6.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE
TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	189.88	335.89		*****	14	26.32			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	132.2	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	195.6	394.83		*****	14.44	30.94			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83849

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	193.79	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	136.69	191.07		*****	9.79	14.5			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.44			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.61			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	74			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.8	36.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.03		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.05	2.02		*****	.08	.15			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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MONITORING PERIOD	
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07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83849

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(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.5	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.09	2.09		*****	151	151			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	1.08	1.08			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.82	3.82			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.92	3.92			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	22.8			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225.57	325.45		*****	17.93	26.02			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	134.14	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.8			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	505.16	569.76		*****	40.19	45.54		5	Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	288.82	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	151.51	224.28		*****	12.08	16.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.41			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.41			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.88			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	147.3	547.5		1	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	1.63		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.87	3.13		*****	.15	.25		8	Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.73	1.73		*****	139	139			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.62	3.62			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	2.3	2.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.37	.37		*****	29.8	29.8			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103.17	133.18		*****	9.07	11.74			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	171.22	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	236.39	371.9		*****	20.77	32.55			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	343.94	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	174.74	376.9		*****	15.35	15.5		5	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.97			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.46			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	54.6			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.41	1.66		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.51	2.64		*****	.13	.23		7	Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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09/01/2011	09/30/2011

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.18			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.58	2.58		*****	220	220			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	1.25	1.25			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	11.7	11.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	11.1	11.1			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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LOCATION: 46643 SILVER VALLEY ROAD
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ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.4			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64.06	76.79		*****	5.09	6.02			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	120.19	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	76.22	123.77		*****	6.05	9.7			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	189.07	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	182.88	200.39		*****	14.55	15.7		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.81			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.37			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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 SMELTERVILLE, ID 83868

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ID0021300	001-A
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10/01/2011	10/31/2011

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MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.1	156.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.48	1.75		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.75	1.54		*****	.06	.12			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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Zinc, total recoverable	SAMPLE MEASUREMENT	1.61	1.61		*****	130	130			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.88	.88			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	8.46	8.46			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	7.89	7.89			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101.45	179.04		*****	6.83	9.94			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	103.94	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.5			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	126.43	241.87		*****	8.34	12.86			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	164.23	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	133.49	173.89		*****	9.43	13.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.1			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.24			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.09			Monthly	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	120			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.18			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.6	298.7			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.82	2.99		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.03			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	1.13	4.16		*****	.08	.36		2	Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.43	1.43		*****	94.1	94.1			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .002	< .022		*****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.57	1.57			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	1.67	1.67			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112.22	213.35		*****	7.66	11.63			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	107.81	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	118.39	208.38		*****	8.17	11.36			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	258.61	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	167.49	249.53		*****	11.88	13.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.32			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.87			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.8	424.5			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	2.96		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.89	3.06		*****	.06	.24		2	Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.82	2.82		*****	200	200			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.419	.419			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.18	.18		*****	13.1	13.1			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		*****	6.07	6.07			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	142.66	167.39		*****	9.95	13.2			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	106.19	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	151.48	200.16		*****	10.28	12.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	171.53	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	203.14	323.59		*****	13.85	19.4		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.39			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.91			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	55.8	135.4			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	3.03		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.65	2.14		*****	.04	.12		1	Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.18			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2012	01/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.58	1.58		*****	102	102			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	< .01	< .01		*****	.252	.252			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	9.7	9.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.11	.11		*****	6.86	6.86			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE
LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	221.41	390.25		*****	9.98	13.6			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	71.14	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	320.05	535.04		*****	14.78	18.65			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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DISCHARGE MONITORING REPORT (DMR)

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	126.1	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	241.93	325.86		*****	11.2	14.8			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.18			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.36			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	47.5	275.5			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.46	3.73		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR**ADDRESS:** PO BOX 783
OSBURN, ID 83849**FACILITY:** SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE**LOCATION:** 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868**ATTN:** ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.21	2.8		*****	.06	.13		1	Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	88.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	3.82	3.82		*****	186	186			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.538	.538			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.25	.25		*****	12.4	12.4			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	7.39	7.39			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	306.84	375.6		*****	8.28	9.84			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	41.55	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	385.11	515.81		*****	10.19	11.79			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.49	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	258.83	515.81		*****	7.1	8.48			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.85			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.19			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.36			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	299.1	1553.1		4	Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	9.62		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	2.84	6.05		*****	.07	.1		10	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	80.1	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	81.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	14.42	14.42		*****	368	368			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	.809	.809			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.43	.43		*****	10.9	10.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.26	.26		*****	6.67	6.67			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	403.71	730.85		*****	9.93	17.53			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	41.12	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	553.81	876.58		*****	13.47	21.02			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	65.08	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	118.57	141.05		*****	3.02	3.56			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.58			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.9			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.67			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	87.4			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	54.1	517.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.89	8.86		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	4.77	21.14		*****	.09	.29		5	Weekdays	GRAB
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	75.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	79.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0021300	001-B
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	72	72		*****	1773	1773		1	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.24	.24		*****	5.89	5.89		1	Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	1.83	1.83		*****	44.9	44.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.2	.2		*****	5.02	5.02			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	443.77	553.01		*****	17.12	21.87			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	80.6	*****			Once Every 6 Days	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	695.44	820.17		*****	27.05	35.24		1	Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	135.33	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	82.52	113.76		*****	3.24	5.66			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.16			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.47			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	104			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.9	178.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.01	4.64		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ID0021300	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.1	2.08		*****	.04	.1			Weekly	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	78.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	80	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	45.17	45.17		*****	1799	1799		1	Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.12	.12		*****	4.78	4.78			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.57	.57		*****	22.8	22.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	5.54	5.54			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.8			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	231.52	367.61		*****	7.84	10.99			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	83.23	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	319.27	543.51		*****	11	16.25			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	153.58	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	201.74	261.21		*****	6.78	7.18			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.77			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.29			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.41			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.8	121.1			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.24	4.5		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 0 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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06/01/2012	06/30/2012

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.85	2.8		*****	.07	.1			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.8	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	6.19	6.19		*****	229	229			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.04	.04		*****	1.59	1.59			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.32	.32		*****	11.8	11.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	3.75	3.75			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153.75	206.83		*****	9.98	13.36			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	179.33	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	297.56	367.85		*****	19.6	24.37			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	345.56	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	170.54	218.71		*****	11.18	14.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.36			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.24			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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ID0021300	001-A
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DMR Mailing ZIP CODE: 83849

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72.7			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.1	125.9			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	2.27		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.81	1.78		*****	.05	.1			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.85	1.85		*****	119	119			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.961	.961			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	6.49	6.49			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.31	3.31			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	152.78	203.19		*****	10.89	14.59			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	152.2	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	234.44	395.57		*****	17.1	31			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	435.63	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	183.13	251.03		*****	13	17.2		2	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.4			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.375			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.92			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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				MM/DD/YYYY

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LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.2	26			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	1.77		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.63	1.41		*****	.05	.1			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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ID0021300	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.8	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.92	1.92		*****	144	144			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.853	.853			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2	.2		*****	15	15			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.08	.08		*****	5.96	5.96			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	112	143		*****	9	11			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	134	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	193	245		*****	16	19			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	231	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	166	183		*****	13.8	15		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.6			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	117			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7	58			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.43	1.64		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.2	.4		*****	.02	.03			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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				MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		*****	101	101			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.46	.46			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	11	11			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.4	1.4			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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TYPED OR PRINTED					AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.7			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	109		*****	6	9			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	115	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	102	155		*****	8	13			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 83849

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(SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	148	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	144	208		*****	10.3	15.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.7			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.3			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.3			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ID0021300	001-A
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83.9			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	44.1			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.4		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.8		*****	.03	.06			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1	1		*****	84	84			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.7	.7			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.11	.11		*****	9	9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	8	8			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	134	257		*****	6	8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	100	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	116	189		*****	6	9			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	124	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	301.61	561.85		*****	14.08	16.8		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.9			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.39			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.33			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	21	549			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.25	4.41		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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MONITORING PERIOD	
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11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83849

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.5	1.7		*****	.03	.08			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.65	1.65		*****	109	109			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.499	.499			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.16	.16		*****	10.3	10.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.07	.07		*****	4.31	4.31			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	221		*****	4.38	5.9			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.76	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	221	419		*****	8.14	17.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	75.6	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	259	434		*****	10.03	11.6			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.5			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.44			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.42			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.06			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	104			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.8	111.2			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.85	4.49		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.01			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 0 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	1.15	2.19		*****	.05	.1			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.5	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89.2	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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					MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	9.29	9.29		*****	248	248			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	1.58	1.58			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.63	.63		*****	16.8	16.8			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.27	.27		*****	7.3	7.3			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	78	104		*****	5	6			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	103	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	81	114		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE
LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	114	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	175	218		*****	11.28	12			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.4			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.35			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.48			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85.2			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	29	270			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.93	2.3		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.55	1.52		*****	.03	.09			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.2	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.4	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.04	2.04		*****	139	139			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.09	1.09			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	9.9	9.9			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.06	.06		*****	4.24	4.24			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

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MAJOR \$
 (SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	130		*****	6	7			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	96	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	93	140		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	217	241		*****	11.7	12.1			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14.6			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.55			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	20			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.27	2.46		*****	*****	*****	*****		Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.67	1.71		*****	.04	.09			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.55	2.55		*****	128	128			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.002	.002		*****	< .1	< .1			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.36	.36		*****	18	18			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	6.74	6.74			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	159	205		*****	6	7			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	131	202		*****	5	10			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	260	334		*****	10.2	11.5			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.348			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.25			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	32	291			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.04	4.62		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.9	2.6		*****	.03	.08			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	3.03	3.03		*****	150	150			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.18	1.18			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.29	.29		*****	14.2	14.2			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	6.9	6.9			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	10.8			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	184		*****	7	8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	57	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	151	171		*****	7	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	82	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	180	209		*****	7.7	7.9			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.17			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.46			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.41			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	22			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.92	3.94		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.4	.7		*****	.01	.03			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	3.55	3.55		*****	155	155			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	.923	.923			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.24	.24		*****	10.3	10.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	2.3	2.3			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.3			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	167	217		*****	9	10			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	75	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	101	167		*****	5	8			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	88	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	184	216		*****	9.57	11.4			Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	8.81			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.82			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	6.3			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.18	2.94		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	.33	.74		*****	.02	.03			Weekdays	GRAB
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	3.04	3.04		*****	148	148			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.14	1.14			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.26	.26		*****	12.7	12.7			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.08	.08		*****	4.04	4.04			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	139	160		*****	9	10			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	103	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	178	246		*****	12	17			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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ID0021300	001-A
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06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	131	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199	224		*****	13.2	14.7		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13.2			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.53			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	31.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.75	2.31		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.54	1.26		*****	.04	.09			Weekdays	GRAB
50060 O 1 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2 DAILY MX	lb/d	*****	.1 MO AVG	.12 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 1 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 1 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.8	1.8		*****	133	133			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.02		*****	1.19	1.19			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.19	.19		*****	14.3	14.3			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.15	.15		*****	11.2	11.2			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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					MM/DD/YYYY

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	24.2			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115.16	136.31		*****	8.65	9.68			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	114.48	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	281.28	352.64		*****	21.07	25.67			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

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ID0021300	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	191.25	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	199.8	226.65		*****	15.02	16.5		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	17.2			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.57			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.83			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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07/01/2013	07/31/2013

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(SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72			Quarterly	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.9	44.8			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	1.72		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.53	1.12		*****	.04	.09			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.4	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	89	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE:

83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	2.42	2.42		*****	169	169			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	1.02	1.02			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.22	.22		*****	15.1	15.1			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.13	.13		*****	9.12	9.12			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	23.6			Continuous	NOT AP
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	15.5			Twice Per Year	GRAB
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	109	132		*****	9	11			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	125	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.3			Twice Per Year	GRAB
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	192	228		*****	15	18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$
 (SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	170	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	162	211		*****	12.9	16.4		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.078			Twice Per Year	GRAB
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.8			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.55			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .05			Twice Per Year	GRAB
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	102			Twice Per Year	GRAB
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.2			Twice Per Year	GRAB
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	26	99			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	2.28		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02			Twice Per Year	GRAB
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.45	.87		*****	.04	.07			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.56			Twice Per Year	COMP24
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.75	1.75		*****	137	137			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.78	.78			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.11	.11		*****	8.25	8.25			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.09	.09		*****	7.16	7.16			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	20.2			Continuous	
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Month	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Twice Per Year	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	132	173		*****	9	11			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	107	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3			Weekdays	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Weekdays	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00400 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Twice Per Year	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	164	225		*****	12	18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ID0021300	001-A
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MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83849

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 (SUBR 01)

External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	162	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	237	313		*****	16.3	18.2		1	Weekly	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	445 MO AVG	760 DAILY MX	lb/d	*****	12.4 MO AVG	21.2 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	25			Monthly	GRAB
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.14			Monthly	GRAB
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.38			Monthly	GRAB
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB

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09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83849

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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 6 0 Downstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Per Year	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	101			Twice Every Week	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 DAILY MX	#/100mL		5 Times Every Month	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	2.33		*****	*****	*****	*****		Continuous	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	RCORDR
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50060 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Twice Per Year	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.39	.86		*****	.03	.05			Weekdays	GRAB
50060 0 0 See Comments	PERMIT REQUIREMENT	1.7 MO AVG	2.5 DAILY MX	lb/d	*****	.1 MO AVG	.15 DAILY MX	mg/L		Weekdays	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O= FLOW <2.0 MGD; P= FLOW >2.0 <3.5 MGD; Q= FLOW >3.5 MGD. ONE OF UPSTREAM/DOWNSTREAM SAMPLES MUST BE TAKEN BETWEEN JUNE AND AUGUST AND THE OTHER BETWEEN SEPTEMBER& NOVEMBER.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 P 0 See Comments	PERMIT REQUIREMENT	2.9 MO AVG	2.9 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	NODI 9	NODI 9				
50060 Q 0 See Comments	PERMIT REQUIREMENT	3.6 MO AVG	3.6 DAILY MX	lb/d	*****	.1 MO AVG	.1 DAILY MX	mg/L		Weekdays	GRAB
Toxicity, final conc toxicity units	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
61406 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	toxic		Twice Per Year	COMP24
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	93	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MN % RMV	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

INTERIM LIMITS

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total recoverable	SAMPLE MEASUREMENT	1.75	1.75		*****	136	136			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	802 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.88	.88			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.32 DAILY MX	lb/d	*****	5.3 MO AVG	8.8 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.21	.21		*****	16	16			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	3 MO AVG	6.5 DAILY MX	lb/d	*****	84 MO AVG	182 DAILY MX	ug/L		Monthly	COMP24
Copper, total recoverable	SAMPLE MEASUREMENT	.12	.12		*****	9.23	9.23			Monthly	COMP24
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	1.1 MO AVG	2.2 DAILY MX	lb/d	*****	30 MO AVG	60 DAILY MX	ug/L		Monthly	COMP24

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.2	13			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.04	8.04	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	99		*****	6	8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	108	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.3			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	41.9	41.9			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	66	162		*****	4.4	9.3			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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P=CONTINUOUS AND MEASUREMENT IS AN ALLOWABLE ALTERNATIVE FOR SAMPLE FREQUENCY AND TYPE.

Q=WITH METALS SAMPLING.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	143	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	125	161		*****	9.6	13.3			Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.74	4.74			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.61	5.61			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.85	2.85			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	93	93			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	1.39	1.39		*****	79.9	79.9			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.67	.67			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.1	.1		*****	5.51	5.51			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.82	1.82			Monthly	GRAB
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.3	107.6			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	2.08		*****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	1.04		*****	20	70			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	96.9	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.6	9			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.3	8.3	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	138.04	189.02		*****	8.96	10.69			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	109.16	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.5			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	105	105			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	91.23	130.4		*****	5.89	7.38			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	126.07	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	233.52	293.5		*****	15.25	16.6		1	Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.7	15.7			Weekly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.39	.39			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.18	3.18			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	92.4	92.4			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.09	2.09		*****	155	155			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

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				MM/DD/YYYY

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Q=WITH METALS SAMPLING.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.003	.003		*****	.21	.21			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.05	.05		*****	3.52	3.52			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	28.4	28.4			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.61	1.61			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.9	344.5			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	2.28		*****	*****	*****	*****		Continuous	RCORDR
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	.59		*****	20	40			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB

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MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	91.8	*****	*****			Monthly	CALCTD
81010 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	95.3	*****	*****			Monthly	CALCTD
81011 K O Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	5			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.5	8.5	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	201.78		*****	9.98	12.8			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	105.94	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	157	157			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	96.57	128.98		*****	6.47	8.18			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
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ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	114.39	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	160.33	179.69		*****	10.87	12			Weekly	COMP24
00610 1 2 Effluent Gross	PERMIT REQUIREMENT	476 MO AVG	1250 DAILY MX	lb/d	*****	13.3 MO AVG	34.8 DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.5	14.5			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.63	.63			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.83	1.83			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	82.3	82.3			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.29	2.29		*****	151	151			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 83849

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	.03	.03		*****	2.01	2.01			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.14	.14		*****	9.02	9.02			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.75	1.75			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.6	461.1			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.79	2.24		*****	*****	*****	*****		Continuous	RCORDR
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	2.7		*****	50	200		4	Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	90.6	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	94.3	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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01/01/2014	01/31/2014

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MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4.7			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****		5.1			Continuous	MEASRD
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****		Req. Mon. DAILY MX	deg C		Continuous	MEASRD
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.27	4.43			Continuous	MEASRD
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Measured	CONTIN
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.25	9.25	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	202.33	255.18		*****	13.61	17.66			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	90.23	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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P=CONTINUOUS AND MEASUREMENT IS AN ALLOWABLE ALTERNATIVE FOR SAMPLE FREQUENCY AND TYPE.

Q=WITH METALS SAMPLING.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	137	137			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	174.32	269.14		*****	11.56	14.28			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	83.17	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	158.07	186.03		*****	10.67	11.9			Weekly	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.5	14.5			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.18	.18			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.15	2.15			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	87.5	87.5			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	2.98	2.98		*****	218	218			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.01	.01		*****	.98	.98			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.2	.2		*****	14.5	14.5			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5			Monthly	COMP24
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Toxicity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
03598 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. QTR AVG	Req. Mon. QTR MAX	toxic		Quarterly	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.39	3.39			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	167.9			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.9	3.01		*****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	1.13		*****	19	60			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	84.9	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	86.1	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	125.5	*****		*****	*****	*****	*****		Continuous	MEASRD
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	cfs	*****	*****	*****	*****		Continuous	MEASRD

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LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM
Receiving Water (Ambient)No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	deg C		Once Every 6 Months	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00070 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	NTU		Once Every 6 Months	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Once Every 6 Months	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB

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SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

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01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00718 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01002 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01030 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM
Receiving Water (Ambient)No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01079 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM
Receiving Water (Ambient)No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01118 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Selenium, dissolved [as Se]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01145 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
31648 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	#/100mL		Once Every 6 Months	GRAB
Mercury, dissolved [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71890 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71901 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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					MM/DD/YYYY

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SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	3.1			Weekdays	GRAB
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Five Per Week	GRAB
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	4.69			Continuous	MEASRD
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg C		Continuous	MEASRD
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.26	3.49			Continuous	MEASRD
00010 R 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Measured	CONTIN
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.8	9.8	*****			Monthly	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	Req. Mon. MO AVG	*****	mg/L		Monthly	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	211.03	312.52		*****	10.69	12.97			Weekly	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	1100 MO AVG	1600 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	86.72	*****			Weekly	COMP24
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1			Weekdays	GRAB
00400 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Per Week	GRAB

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P=CONTINUOUS AND MEASUREMENT IS AN ALLOWABLE ALTERNATIVE FOR SAMPLE FREQUENCY AND TYPE.

Q=WITH METALS SAMPLING.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	115	115			Monthly	COMP24
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	149.89	216.03		*****	7.75	11.2			Weekly	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	630 MO AVG	1160 WKLY AVG	lb/d	*****	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	101.66	*****			Weekly	COMP24
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	238.58	470.54		*****	11.07	14			Weekly	COMP24
00610 1 1 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.8	15.8			Monthly	COMP24
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite + Nitrate total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	.29	.29			Monthly	COMP24
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.92	1.92			Monthly	COMP24
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Hardness, total [as CaCO ₃]	SAMPLE MEASUREMENT	*****	*****	*****	*****	90.5	90.5			Monthly	COMP24
00900 Q 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Zinc, total recoverable	SAMPLE MEASUREMENT	3.92	3.92		*****	294	294			Monthly	COMP24
01094 1 0 Effluent Gross	PERMIT REQUIREMENT	29 MO AVG	48 DAILY MX	lb/d	*****	800 MO AVG	1340 DAILY MX	ug/L		Monthly	COMP24
Cadmium, total recoverable	SAMPLE MEASUREMENT	.02	.03		*****	1.23	1.23			Monthly	COMP24
01113 1 0 Effluent Gross	PERMIT REQUIREMENT	.19 MO AVG	.3 DAILY MX	lb/d	*****	5.3 MO AVG	8.3 DAILY MX	ug/L		Monthly	COMP24
Lead, total recoverable	SAMPLE MEASUREMENT	.23	.23		*****	17	17			Monthly	COMP24
01114 1 0 Effluent Gross	PERMIT REQUIREMENT	2.2 MO AVG	3.4 DAILY MX	lb/d	*****	63 MO AVG	96 DAILY MX	ug/L		Monthly	COMP24
Oil and grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10			Monthly	GRAB
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Toxicity	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI 9	NODI 9				
03598 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. QTR AVG	Req. Mon. QTR MAX	toxic		Quarterly	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.21	1.21			Monthly	COMP24
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24

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DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE RIVER

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	44.1	184.2			Weekdays	GRAB
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 MO GEOMN	576 INST MAX	#/100mL		Five Per Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.32	4.03		*****	*****	*****	*****		Continuous	MEASRD
50050 O 0 See Comments	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	MEASRD
Chlorine, total residual	SAMPLE MEASUREMENT	*****	1.84		*****	30	60			Weekdays	GRAB
50060 P 0 See Comments	PERMIT REQUIREMENT	*****	2.6 DAILY MX	lb/d	*****	50 MO AVG	73 DAILY MX	ug/L		Five Per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	*****	87.7	*****	*****			Monthly	CALCTD
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****	*****	92.4	*****	*****			Monthly	CALCTD
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****	*****	65 MO AV MN	*****	*****	%		Monthly	CALCTD

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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR

ADDRESS: PO BOX 783
OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d'ALENE, UPSTREAM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Stream flow, instantaneous	SAMPLE MEASUREMENT	158.87	*****		*****	*****	*****	*****		Continuous	MEASRD
00061 5 0 Upstream Monitoring	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	cfs	*****	*****	*****	*****		Continuous	MEASRD

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00010 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	deg C		Once Every 6 Months	GRAB
Turbidity	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00070 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	NTU		Once Every 6 Months	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00300 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. INST MIN	*****	Req. Mon. INST MAX	SU		Once Every 6 Months	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00410 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00610 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00665 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB

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MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM
Receiving Water (Ambient)No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cyanide, weak acid, dissociable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00718 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00900 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	mg/L		Once Every 6 Months	GRAB
Selenium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
00981 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01002 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Cadmium, dissolved [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01025 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, dissolved [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01030 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, dissolved [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01040 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEMI-ANNUAL MONITORING DATA, SAMPLE ONCE EACH DURING DEC-MAY AND JUN-NOV.

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SOUTH FORK COEUR D ALENE RIVER SEWER DISTR
ADDRESS: PO BOX 783
 OSBURN, ID 83849

FACILITY: SOUTH FORK COEUR D'ALENE RIVER SEWER DISTRICT - PAGE

LOCATION: 46643 SILVER VALLEY ROAD
 SMELTERVILLE, ID 83868

ATTN: ROSS STOUT, DISTRICT MANAGER

ID0021300	REC-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 83849

MAJOR \$

(SUBR 01)

SOUTH FORK COEUR d' ALENE, UPSTREAM SEM
 Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dissolved [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01049 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, dissolved [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01065 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Nickel, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01074 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver, dissolved [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01075 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Silver total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01079 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, dissolved [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01090 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Zinc, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01094 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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02/01/2014	02/28/2014

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Receiving Water (Ambient)No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01113 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Lead, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01114 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Chromium, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01118 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01119 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
Selenium, dissolved [as Se]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
01145 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
31648 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	#/100mL		Once Every 6 Months	GRAB
Mercury, dissolved [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71890 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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SOUTH FORK COEUR d' ALENE, UPSTREAM SEM

Receiving Water (Ambient)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Mercury, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
71901 5 0 Upstream Monitoring	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SEMI MAX	ug/L		Once Every 6 Months	GRAB

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